| OFFICE USE ONLY     |
|---------------------|
| Date Filed          |
| Posting Date:       |
| Approved □ Yes □ No |
| Withdrawn□ Yes □ No |
| WC Information      |
| Policy/Binder#      |
| •                   |

## Application for Alcoholic Beverages License Board of Liquor License Commissioners for Baltimore City

NEW/TRANSFER/EXPANSION/AMENDMENT(S) APPLICATION FEE - \$500.00 After <u>June 1, 2016</u> \$600.00 includes Hearing Fee

| OFFICE USE ONLY               |  |  |  |  |
|-------------------------------|--|--|--|--|
| Status of Zoning Verification |  |  |  |  |
| Approved: Yes 🗆 No 🗆          |  |  |  |  |
| Date Sent to Zoning:          |  |  |  |  |
| Initials:                     |  |  |  |  |
| Zoning Info:                  |  |  |  |  |
|                               |  |  |  |  |
|                               |  |  |  |  |

| EVEL 4 11 TION OF BERLIEF  |  |  |  | <u></u>  |  |  |  |
|--|--|--|--|--|--|--|--|
| EXPLANATION OF REQUEST:  |  |  |  |  |  |  |  |
|  |  |  |  | DN:  |  |  |  |
|  | ME: TRADE NAME:  |  |  |  |  |  |  |
| BUSINESS PHONE NUMBER:   |  |  |  |  |  |  |  |
| ATTORNEY FOR THE APPLICANT:  |  | ADDRESS:   |  | PHONE:   |  |  |  |
| rt of Premises Used ( <i>Note: Floors and Areas fo</i>   | r Storage <b>)</b> :   |  |  |  |  |  |  |
| l Live Entertainment be provided? □Yes □   | No What Kind ( <i>Ex</i>   | c. D.J., Band, Etc.)   | )?   |  |  |  |  |
| l Outdoor Table Service Be Provided? □Yes  | □ No   |  |  |  |  |  |  |
| Premise Catering of Food and Alcohol? $\Box$ \   | /es □ No BLLC  | Catering A   | pplication Filed? 🗆                                  | Yes 🗆 No   |  |  |  |
| livery of alcohol? □ Yes □ No B  | LLC Delivery Applic  | ation Filed? [   | □ Yes □ No   |  |  |  |  |
| Please note that as per Art. 28 § 10-202   | ?(a)(iv)(l) that an  | application fo   | r the issuance or ti                                 | ransfer is not complete unless the applicant has   |  |  |  |
| =  | City of Baltimore. I   | Please attach  | Use and Occupancy                                    | Permit or letter from BMZA approving use.  |  |  |  |
| 1. Applicant A   |  |  |  |  |  |  |  |
|  | (Telephone no.)  |  |  |  |  |  |  |
| (Full name)  | (Te  | lephone no.)   |  | E-mail ( <b>Required</b> )   |  |  |  |
| (Full name)<br>(Residence) Street  | (Te  | lephone no.)<br>State  | Zip Code   | E-mail ( <b>Required</b> ) (period of residency in Baltimore City)   |  |  |  |
| (Residence)Street (Month/Year of Birth)  | City   | State<br>Sex: Male or Fe   | emale)   | (period of residency in Baltimore City)  (Place of Birth)  |  |  |  |
| (Residence) Street<br>(Month/Year of Birth)<br>Check: □ Yes □ No Have you been a resid   | City<br>()<br>lent and taxpayer of   | State<br>Sex: Male or Fe<br>the City of Balt   | emale)   | (period of residency in Baltimore City)  (Place of Birth)  |  |  |  |
| (Residence)Street (Month/Year of Birth)  | City<br>()<br>lent and taxpayer of   | State<br>Sex: Male or Fe<br>the City of Balt   | emale)   | (period of residency in Baltimore City)  (Place of Birth)  |  |  |  |
| (Residence) Street  (Month/Year of Birth)  Check: Yes No Have you been a resid   | City<br>()<br>lent and taxpayer of<br>voter in the City of E   | State<br>Sex: Male or Fe<br>the City of Balt   | emale)   | (period of residency in Baltimore City)  (Place of Birth)  |  |  |  |
| (Residence) Street  (Month/Year of Birth)  Check: Yes No Have you been a resid  Yes No Are you a registered of the state o | City<br>()<br>lent and taxpayer of<br>voter in the City of E   | State<br>Sex: Male or Fe<br>the City of Balt<br>Baltimore?   | emale)   | (period of residency in Baltimore City)  (Place of Birth)  ceding this application?  |  |  |  |
| (Residence) Street  (Month/Year of Birth)  Check: Yes No Have you been a resid  Yes No Are you a registered of the state o | City  ()  ()  ()  ()  ()  ()  ()  ()  ()  (  | State  Sex: Male or Fe the City of Balt  Baltimore?  lephone no.)  | emale)<br>Si <b>more for 2 years pre</b><br>Zip Code | (period of residency in Baltimore City)  (Place of Birth)  ceding this application?  E-mail (Required)   |  |  |  |
| (Residence) Street  (Month/Year of Birth)  Check:  Yes No Have you been a resid  Yes No Are you a registered  Z. Applicant B  (Full name)  (Residence) Street  (Month/Year of Birth)  Check: Yes No Have you been a resid  | City   ent and taxpayer of  voter in the City of E   | State  Sex: Male or Fe the City of Balt  Baltimore?  State  Sex: Male or Fe the City of Balt             | emale)  cimore for 2 years pre  Zip Code             | (period of residency in Baltimore City)  (Place of Birth)  (receding this application?  E-mail (Required)  (period of residency in Baltimore City)  (Place of Birth)                   |  |  |  |
| (Residence) Street  (Month/Year of Birth)  Check:  Yes No Have you been a resid  Yes No Are you a registered  2. Applicant B  (Full name)  (Residence) Street  | City   ent and taxpayer of  voter in the City of E   | State  Sex: Male or Fe the City of Balt  Baltimore?  State  Sex: Male or Fe the City of Balt             | emale)  cimore for 2 years pre  Zip Code             | (period of residency in Baltimore City)  (Place of Birth)  (receding this application?  E-mail (Required)  (period of residency in Baltimore City)  (Place of Birth)                   |  |  |  |
| (Residence) Street  (Month/Year of Birth) Check:  Yes No Have you been a resid  Yes No Are you a registered of Applicant B  (Full name)  (Residence) Street  (Month/Year of Birth) Check: Yes No Have you been a resid   | City  lent and taxpayer of voter in the City of E  City  City  lent and taxpayer of voter in the City of E | State  Sex: Male or Fe the City of Balt  Baltimore?  State  Sex: Male or Fe the City of Balt             | emale)  cimore for 2 years pre  Zip Code             | (period of residency in Baltimore City)  (Place of Birth)  (receding this application?  E-mail (Required)  (period of residency in Baltimore City)  (Place of Birth)                   |  |  |  |
| (Residence) Street  (Month/Year of Birth) Check:   | City  lent and taxpayer of voter in the City of E  City  City  lent and taxpayer of voter in the City of E | State  Sex: Male or Fe the City of Balt  Saltimore?  State  Sex: Male or Fe the City of Balt  Saltimore? | emale)  cimore for 2 years pre  Zip Code             | (period of residency in Baltimore City)  (Place of Birth)  (Place of Birth)  E-mail (Required)  (period of residency in Baltimore City)  (Place of Birth)  (receding this application? |  |  |  |

| 1. Has the applicant(s) been adjudged guilty of a felony in the State of Maryland or any other? ☐ Yes ☐ No - If yes, indicate applicant and explain.  Applicant A ☐ B ☐ C ☐  |
|--|
|  |
| 2. Has the applicant(s) been adjudged guilty of violating the laws governing the sale of any alcoholic beverage or for gambling in any State, including Maryland?   Yes No - If yes, mark applicant and provide explanation in adjacent space provided.  Applicant A   B   C   |
|  |
| 3. State whether the applicant(s) has ever been adjudged guilty of any offense against the laws of the State of Maryland or the United States.  Yes No - If yes, mark applicant and explain.  Applicant A D B C D  |
|  |
| 4. Has the applicant(s) ever had a license for the sale of alcoholic beverages in the State of Maryland?   Yes   No If yes, mark applicant and explain.  |
| Applicant A  B  C  C   |
| 5. Has the applicant(s) ever had a liquor license suspended or revoked?   Yes   No If yes, mark applicant and explain.  Applicant A   B   C  |
|  |
| 6. Does the applicant(s) have a pecuniary interest in any other alcoholic beverage business or business for which an alcoholic beverage license has been applied for, granted, and issued? ☐ Yes ☐ No If yes, mark applicant and explain.  Applicant A ☐ B ☐ C ☐   |
|  |
| 7. Do the spouses or children of any of the applicant(s) have a financial interest in any other alcoholic beverages license or business in Baltimore City or any other jurisdiction in the State of Maryland?   Yes  No If yes, mark applicant and explain.  Applicant A  B  C                                       |
| Applicant A  B  C  C   |
| 8. Are you financially interested in any other alcoholic beverages license applied, granted or issued?   Yes   No If yes, please explain.  Applicant A   B   C   |
| 9. Is the licensed premise currently open and operating?   Yes No If yes, please explain.  |
| 10. Do any of the applicant(s) – personally or through an entity – have any indebtedness or other financial obligations to any manufacturer,   |
| brewer, distiller, or wholesaler at the time of making this application?   Yes No If yes, please explain. If yes, please provide information as to the applicant(s) indebted – personally or through an entity – the amount of the indebtedness, and the name of the manufacturer, brewer, distiller, or wholesaler? |
| Applicant A B C  |
|  |

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| Name  | Address  | Phone  | Email   |
|---|--|--|---|
|   |  |  |   |
|   |  |  | ecessary) or in Limited Liability Company/Partnerships<br>for as per Article 2B Section (0-103(b) (10)  |
| NAME:   | ADDRESS:   | TITLE:   | %OF STOCK HELD RESIDENCE:   |
| NAME:   | ADDRESS:   | TITLE:   | %OF STOCK HELD RESIDENCE:   |
| NAME:   | ADDRESS:   | TITLE:   | %OF STOCK HELD RESIDENCE:   |
| NAME:   | ADDRESS:   | TITLE:   | %OF STOCK HELD RESIDENCE:   |
| rime.<br>RTIFICATE OF APPLICANTS: At<br>Iryland for at least two years  <br>anted, he/she will conform to<br>the Board of License Commiss | least one applicant whose signature a<br>preceding the filing of this application<br>all State and County laws and regulat<br>ioners for Baltimore City, and herby | oppears below certifies that he/s<br>on Each of said applicants hereby of<br>ions relating to the sale of alcoho<br>grants permission to the State C | ubject to penalties provided by Law for that<br>he has been a resident and taxpayer of Baltimore<br>certifies further that if the license applied for is<br>olic beverages, as well as to the rules and regulat<br>omptroller, his duly authorized deputies, inspectoologees, and any peace officer of Baltimore City o |
| ate of Maryland to inspect and<br>be conducted.<br>quature of Applicant A   | search at any and all hours, without v   |  | nd all parts thereof upon and in which said busine  Signature of Applicant C  |
| пасага от пррпости  | olgilata e a A   | ppindant d   | orginatar o or reppindent o   |
| ate of Maryland:  |  | SS   |   |
| IS CERTIFIES, THAT ON THE   |  |  |   |
| fore the subscriber a notary pu   | blic of the State of Maryland, personally  | y appeared   |   |
| e applicant (s) names in the afo<br>owledge and belief.   | regoing application, and made oath in d  | ue form of law that the statement  | therein are true to the best of (his, her, their)   |
|   |  | Notary Public  | <del></del>   |
| itness my hand and seal)  |  |  |   |
| me and Address of the owner   | s of the premise/landlord:   |  | Phone Number:   |
|   | WNER OF PREMISES REQUIRED IN CO  |  |   |
| WE)   |  |  | (IFY, That (I am, we are) the owner(s) of the   |
| uperity located at  | nt analization made to Decad at  | , baltimori<br>::::  | e, City with a Zip Code of<br>ers of Baltimore City under the Alcoholic   |
| everage Laws of Maryland  | and assent to the granting of th   | ne license applied for, and he   | ers or bardinore city under the Alcoholic<br>reby authorize the State Comptroller, his c<br>: of Baltimore City, its duly authorized agei   |

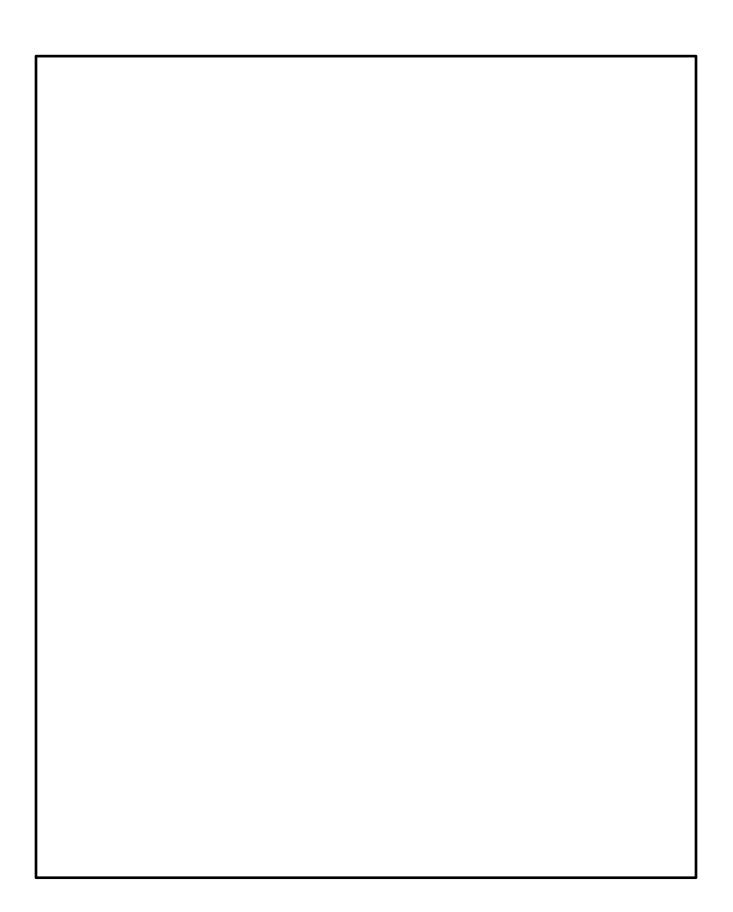
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| at any and all hours.  |  |                            |                     |   |  |
|--|--|----------------------------|---------------------|---|--|
| (Witness (my, our) hand(s) and seal(s) this  |  | day of                     | in the year of      |   |  |
| WITNESS:   |  |                            |                     |   |  |
| STATE OF MARYLAND  | day of<br>ublic of the State of Maryland, persor                           |                            |                     |   |  |
|  | the aforegoing statement to be   |                            |                     |   |  |
| (Witness my hand and seal)<br>Notary Public  | <u> </u>   |                            |                     |   |  |
| We, the undersigned citizens, re   | The following certificates must be eal estate owners and registered        | voters in the City of Balt | imore in which      |   |  |
|  | tion is to be conducted, certify the<br>a taxpayer of Baltimore City and a |                            |                     |   |  |
| Names  | Address  | Signature                  | DOB<br>(Month/Year) | Length of time<br>Acquainted with the<br>Applicant(s) |  |
|  |  |                            |                     | ,   |  |
|  |  |                            |                     |   |  |
|  |  |                            |                     |   |  |
|  |  |                            |                     |   |  |
|  |  |                            |                     |   |  |
|  |  |                            |                     |   |  |
| Board of Liquor License Commissioners for the City of Baltimore,<br>231 East Baltimore Street, 6 <sup>th</sup> Floor, Baltimore, Maryland 21202<br>Phone: 410-396-4377 Fax: 410-396-4382 |  |                            |                     | Stamp Application Here:                               |  |
| Please note that this is a public documer<br>will be provided to the general memb  |  |                            |                     |   |  |
|  |  |                            |                     |   |  |

and employees, and any peace officer of the City of Baltimore and State of Maryland, to inspect and search, without warrant, the premises upon which the business is to be conducted, and any and all parts of the building in which said business is to be conducted,

\*Please present/draw a Floor Plan/Rendering of the Licensed Premises here. If you have a professionally drafted rendering, please attach it to the application.\*

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